MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 935844 FILING DATE 9·23·97

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/					
2		/				
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47	/					
48		/				
49		/				
60		/				
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS						

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
61		/				
62		/				
63	/					
64		/				
65		/				
66	/					
67		/				
68		/				
69	/					
60		/				
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100						
TOTAL IND.	10					
TOTAL DEP.	57					
TOTAL CLAIMS	61					